## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

6823416

CLAIMS AS ELLED BART I												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			52		·			RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FE	
TOTAL CHARGEABLE CLAIMS			58 minus 20=		*.38			X\$ 9=	712	OR	X\$18=	
II—	DEPENDENT (	<del></del>	<del></del>	ninus 3 =	* 4			X43=	17-2	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT					· ——			+145=		OR	1	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	899	OR	TOTAL	
CLAIMS AS AMENDED - PART II									<del></del>	_	OTHER	THAN
_	·	(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	*  ENTATION OF M	Minus	###	CL AINA	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							L	TOTAL		1,,,,,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									<del></del>		ADDII. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus _	**		=	1	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	ENIDENIT C	N AIRA	= .		X43=.		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
	·									OR A	TOTAL DDIT, FEE	
(Column 1) (Column 2) (Column 3)												: 1
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	Ĭ.	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		<b>(\$ 9=</b>		OR	X\$18=	
	Independent		Minus	***		=		X43=		_  -	X86=	•
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		H			OR	7.00-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
	the "Highest Nun the "Highest Nun	nber Previously Pain nber Previously Pai per Previously Paid	d For IN THIS d For IN THIS	SPACE is le	ss than	20, enter "20."		TOTAL DIT. FEE			TOTAL DOIT. FEE	